Navy and Marine Corps Medical News
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Comfort Cares For All Patients

From Fifth Fleet Public Affairs

BAHRAIN - During the past week, USNS Comfort (T-AH 20) medical staff has treated about 20 patients wounded in combat or accidents related to supporting roles for Operation Iraqi Freedom.

Patients treated aboard have included Coalition Forces, Freedom Fighters, Iraqi civilians, and a limited number of enemy prisoners of war. Under the Geneva Convention, the 1,000-bed hospital ship has and will continue to treat all patients based on their medical needs.

Many of the patients have required trauma care as well as level three, specialty surgical care. Casualty Receiving Staff Nurse Lt.j.g. Karen Ritchie, Nurse Corps, says some of the specialty surgical care Comfort has used includes orthopedics, cardiology, and neurology.

While the total numbers of injured brought to the Comfort has been far below its capacity of handling several hundred combat casualties in a short amount of time, the staff has held up to its requirement to treat all categories of patients. Ritchie says the response of the medical staff has been incredible due in large part to the constant training medical teams have been performing since the ship's departure from Baltimore Jan. 6.

"Since we have received our first combat casualties, it has been intense," said Ritchie. "But all the hours of training and preparation and drills we

have done since we left Baltimore have paid off. I have worked at several other trauma units, and this team of doctors, nurses and corpsmen are the most functional team players I have ever seen."

Comfort's commanding officer, Capt. Charles Blankenship, Medical Corps, says the hospital staff's response to the combat casualties is just an extension of the healthcare they provide normally in their regular duty stations.

"For most of the staff, this is the first time they have seen combat casualties, and they have performed very well," said Blankenship.

Comfort is currently deployed to the northern Arabian Gulf in support of Operation Iraqi Freedom, a multinational coalition effort to liberate the Iraqi people, eliminate Iraq's weapons of mass destruction and end the regime of Saddam Hussein.

Comfort deployed in January as part of an effort to reposition forces for possible military actions in support of Operation Enduring Freedom.
Comfort is one of two U.S. Navy hospital ships operated by the Military Sealift Command for the Navy. It is normally berthed in Baltimore. Comfort features a 50-bed trauma facility, 12 operating rooms and can be configured to accommodate up to 1,000 beds. It is crewed by about 60 civilian mariners that operate the ship and more than 1,000 active duty Navy medical and support personnel to staff the hospital.

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A Message from Dr. Winkenwerder on SARS
From Department of Defense Public Affairs

WASHINGTON - You have probably read or heard of the outbreaks of a respiratory disease that is rapidly spreading in the Asian continent, and of isolated cases in Europe and North America. The Department of Defense (DoD), through the Military Health System, is actively involved in monitoring this outbreak, and supporting both international and US health authorities as needed. I want to provide you with some important facts, as we know them today:

-What is this outbreak?

The outbreak, known as Severe Acute Respiratory Syndrome (SARS), is a severe form of pneumonia that appears to have originated in China. Thus far, these outbreaks have spread primarily to close family contacts of the suspect cases, and healthcare workers involved in care of the pneumonia cases. It appears that direct, close contact with infected persons is necessary for transmission.

-Where has the outbreak occurred?

In mid-February, the People's Republic of China reported over 300 cases of atypical pneumonia, with five

deaths, in Guangdong Province. Since then, the Centers for Disease Control and Prevention (CDC) has received reports of outbreaks in a number of other countries to include Hong Kong, (a special administrative region of China), Indonesia, Philippines, Singapore (not confirmed), Thailand and Canada.

There have not been any confirmed cases in the United States at this time. However, there are at least 14 persons who meet some of the World Health Organization's (WHO) criteria for a diagnosis. These individuals are in active investigation by state and local health agencies. CDC will make notification for any persons found to have SARS.

Because cases have reached North America, with eight cases and two deaths confirmed in Canada, the CDC has issued an alert for physicians and travelers in the United States to be cognizant of flu-like symptoms; to consider recent travel and contacts; to seek medical attention if ill; and to report possible cases. This alert offers information to the health community and the traveling population for making decisions regarding patient care and personal travel plans. These alerts and more detailed information, including a brief case definition, are available on the CDC Web site: www.cdc.gov/ncidod/sars.

-Is this a virus or bacteria?

The cause of this outbreak is unconfirmed. WHO and CDC are still in the early stages of their investigation. The pattern of transmission is what would typically be seen from a contagious respiratory illness or a flu-like illness. There is no evidence to suggest that this is a purposeful act of bioterrorism. At this stage, however, investigators are not ruling out any possibility.

-How can I reduce my risks of acquiring the disease?

As always, good hygiene involving frequent hand-washing, covering one's mouth while sneezing or coughing, and avoiding aerosol droplets from others who are experiencing flu-like symptoms, all help to prevent disease transmission.

-What organizations are in charge?

The WHO, based in Geneva, has taken a leading international role in investigating and confirming the outbreaks. CDC is the lead U.S. agency and is providing significant assistance to the WHO. CDC is also thoroughly investigating the outbreak and taking aggressive steps to reach those who have traveled to the affected areas.

-What is the Department of Defense doing?

In DoD, our infectious disease surveillance systems are closely monitoring for disease trends and possible cases. My office will receive daily updates on our health care surveillance of DoD beneficiaries across the

globe. In addition, our military laboratories are supporting both CDC and WHO as needed.

The most important action for all beneficiaries is to remain informed, and to communicate with your health care provider if you are concerned about a medical problem. We will provide updates to you as they occur.

Dr. William Winkenwerder Jr. is the Assistant Secretary of Defense for Health Affairs

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Improving Health Care Quality; Reducing Medical Errors

By Operations Specialist 2nd Class Wendy Kahn, National Naval Medical Center Public Affairs

BETHESDA, Md. - According to a 1999 report released by the Institute of Medicine, as many as 100,000 deaths occur each year in the United States because of medical errors and other adverse events which affect patient safety. Well-publicized cases such as the error with the recent heart-and-lung transplant in North Carolina have increased the national focus on patient safety.

Growing concerns for patient safety have raised public awareness of the need to reduce medical errors and to improve the quality of health care. To this end, the Institute for Healthcare Improvement (IHI) has established an international collaborative of more than 80 health care institutions, committed to achieving a higher level of quality and patient safety.

The National Naval Medical Center (NNMC), along with four other naval hospitals, is an active participant in this effort, known as IMPACT.

IMPACT is a network of change-oriented health care organizations seeking a new level of improvement, according to Capt. Wayne McBride, Medical Corps, special assistant for command performance and evaluation.

The collective experiences and knowledge of IMPACT members, combined with the expertise of the IHI faculty, have given us a potent framework for achieving and sustaining improvement. IMPACT members seek participation in one of five critical domains - office practice, workforce development, critical care settings and patient safety.

The idea for NNMC to join IMPACT began with Cmdr. Frederick Foote, Medical Corps. As head of the NNMC Quality Objective Team, his vision was to see the hospital linked to the national movement on quality improvement.

"As the flagship of Navy medicine, I knew NNMC should be leading the armed forces nationwide in IHI's effort of implementing programs to minimize mistakes," recalls Foote.

NNMC's role in the IMPACT patient safety domain

focuses on several areas within the hospital. On the internal medicine ward, the goal is to reduce adverse drug events by 75 percent.

"An audit of our patient records found approximately one out of four inpatients had some form of an adverse drug event during their hospitalization," says McBride.

To minimize errors in medication administration, NNMC's IMPACT members are piloting a medication reconciliation tool to ensure a patient's medications are carefully continued when hospitalized and discharged.

McBride emphasizes IMPACT members are currently working within the organization to improve the climate. This is accomplished by allowing people to be at full disclosure and bring errors to the senior leadership's attention as they occur. By doing so, the staff can correct the procedures which may have led to the error. As part of the Patient Safety Domain, IMPACT members are reviewing the inpatient medication dispensing practices in the pharmacy. Using the failure modes and effects analysis (FMEA) approach, critical factors can be identified before they become a problem that could lead to errors.

The FMEA is a tool taken from industry, which is being applied in health care to promote system improvements. Once identified, improvements to systems are made to ensure proper medication administration continues.

Although a separate domain, NNMC's participation in Office Practice and Outpatient Settings is connected to patient safety. The goal of this domain is to revolutionize the functions of an outpatient clinic, by improving the quality of health care and maximizing efficiencies in the delivery of care.

According to Foote, IMPACT members have already introduced quality improvement efforts in the Internal Medicine Clinic. These efforts will allow patients enrolled in TRICARE Plus improved access to health care, evidence-based medicine, efficient clinic visits and other services that will increase patient satisfaction. If the improvements work, in Foote's opinion, they will be implemented in the other clinics at the hospital.

For NNMC, participation in the IMPACT network is proving to be a positive investment in patient care improvement. Though major challenges in our nation's health care system remain, the involvement with IHI will help it forge lasting changes through promoting the highest in patient safety and continuous quality improvement.

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DoD's Patient Safety Director Talks About Patient Safety

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Navy Capt. Deborah McKay, Nurse Corps, is the new division director for the DoD Patient Safety Program. McKay has worked as a community health nurse for 10 years, and helped establish Navy Medicine's leading prevention center, which focused on health risk reduction through education and intervention. She was also responsible for overseeing implementation of prevention programs throughout Navy military treatment facilities and providing guidance on health risk reduction to Navy and Marine Corps units, commands and ships.

Question: What is the DoD Patient Safety Program?

McKay: It's an umbrella organization comprised of service safety representatives, the Armed Forces Institute of Pathology Patient Safety Center, and the Uniformed Services University of Health Services Center for Education and Research in Patient Safety.

Its mission is to implement effective actions, programs and initiatives throughout the Military Health System (MHS) to improve patient safety and overall health care quality. The program targets health care leadership, health care professionals and beneficiaries and outlines their respective roles in patient safety.

Question: Who administers the program?

McKay: Oversight of the Patient Safety Program resides in the Patient Safety Division of the TRICARE Management Activity Office of the Chief Medical Officer.

Question: Why is the program being implemented?

McKay: The Patient Safety Program began in 2000 following the 1999 Institute of Medicine's Report, "To Err is Human," which estimated that between 44,000 and 98,000 deaths per year occur in the U.S. due to medical errors. The National Defense Authorization Act (NDAA) of 2001 mandated that the services begin to collect and analyze medical error data within the MHS. It also mandated that all MTFs have a patient safety program.

Question: What is the program's goal?

McKay: The goal is to avoid medical harm and improve patient safety by focusing on improving systems and communication between healthcare teams. We can achieve this through educating our caregivers, leaders and beneficiaries; facilitating smoother operations within the MHS; and motivating both caregivers and beneficiaries to work together to ensure the correct care and medications are prescribed.

Question: What is the role of the patient safety manager within the MTF?

McKay: Their role is to apply the same principles and goals of the larger organization, but at a local level. Not only do patient safety managers collect information on medical errors, they are responsible for troubleshooting potential sources of harm. This may

involve a new system or process within the MTF or may involve investigating "near misses," an error that occurred but never reached the patient, such as the pharmacist discovering the wrong medication before it was dispensed.

Question: Where will patient safety managers be located in the MTFs? How can they be contacted?

McKay: Many patient safety managers (PSMs) are already on board. All MTFs will have a PSM by the end of 2003. Since decreasing medical errors increases the quality of care, the majority of PSMs can be reached in the MTF's quality or performance improvement department. They may be contacted through the department patient contact representative.

Question: What are the most important things patients need to know about safety?

McKay: Patients are a key component of the health care team. To the extent possible, patients should be knowledgeable about their care and medications.

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New Maternity Unit Under Construction At Twentynine Palms

By Dan Barber, Naval Hospital Twentynine Palms

ROBERT E. BUSH NAVAL HOSPITAL, TWENTYNINE PALMS, Calif. - Delivering babies at Naval Hospital Twentynine Palms will be a whole new experience in late spring when the hospital opens its new maternity unit, "Desert Beginnings."

The new unit will have seven state of the art labor, delivery, recovery, and postpartum (LDRP) suites.

"Its going to have a home-like atmosphere that will make having a baby a more comforting and memorable birth experience," said Lt. Cmdr. Meggan McGraw, Nurse Corps, nurse manager of the unit.

The new unit is one of Navy Medicine's biggest initiatives to support a more "Family-Centered" health care program.

Within the birth suites there will be new amenities to include brand new furniture, oak flooring, and state of the art medical equipment. Families will have a private room throughout their stay and their newborn will be able to stay in the room with them.

The new unit is expected to open in late spring of this year.

"We are very excited to be able to offer our military families the comforts and conveniences this new unit will provide," said McGraw.

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BUMED Hosts Course in Disaster Ministry and Homeland Security for Chaplains

From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - The Bureau of Medicine and Surgery's (BUMED) Office of Pastoral Care, in collaboration with the Navy Medicine Office of Homeland Security, hosted a multi-agency course in disaster ministry and homeland security designed specifically for military chaplains March 24-27, 2003.

"More than at any time in our history, military chaplains may need to respond to crises on American soil, which calls for an understanding of our role in homeland security in a multi-agency context of ministry," said Capt. Jane Vieira, Chaplain Corps, special assistant for pastoral care at BUMED.

The need to forge a strong civilian/military partnership in emergency response is essential. Since the Department of Defense is not the lead agent in homeland security, it is important to understand the military's role, the diverse roles of the multiple agencies involved, how these agencies work together, and how military personnel fit into the larger picture.

Speakers at the multi-agency course included chaplains from the Joint Chiefs of Staff, Northern Command, U.S. Coast Guard, Veteran's Administration and Public Safety Chaplains, as well as subject matter experts from the Federal Emergency Management Agency, Federal Bureau of Investigation, American Red Cross, Operation Solace (Pentagon Stress Management Team), National War College and George Washington University.

Subjects included the military chaplain's role in civil support and disaster response, Incident Command System, National Disaster Medical System, disaster mental health and mass violence, psychology of terrorism and crisis ministry.

This training in homeland security better prepares chaplains for ministry in the context of the new reality we now face.

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Former Navy DSG Waite Dies
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Rear Adm. Charles L. Waite, Medical Corps, USN (Ret.), former Assistant Surgeon General of the Navy, died March 19, the day after his 80th birthday.

Waite was commissioned as an ensign in the Naval Reserve in 1943. He earned his MD degree from Georgetown University School of Medicine in 1946, when he was also promoted to Ltjg.

During the early part of his career, Waite worked as part of the undersea community in both fleet and training environments. Later, he went on to command the Naval Submarine Medical Center, Submarine Base, Groton, Conn. and Naval Medical School in Bethesda, Md.

Waite was promoted to rear admiral in July 1971 and reported as Fleet Surgeon on the staff of the Commander in Chief, Pacific Fleet, where he served until October 1973. He then reported to BUMED as Assistant Chief for Operational Medical Support and in June 1975 became Deputy Surgeon General.

Rear Adm. Waite retired in July 1976 after 35 years of naval service.

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Healthwatch: Colorectal Cancer Awareness - 'Early detection saves lives'
By HM3 Sarah Peck, U.S. Naval Hospital, Yokosuka, Japan

YOKOSUKA, Japan - Colorectal cancer (cancer of the colon and/or rectum) is the second leading cause of cancer-related deaths in America. The American Cancer Society believes that there were approximately 148,300 diagnoses of colorectal cancer in 2002 and an estimated 56,600 people died from the disease.

It is important to stress that more than 90 percent of colorectal cancer is preventable. Most people do not have any signs or symptoms of the condition. Therefore, screening is very important.

Colorectal cancer does not discriminate, as both men and women may develop it. Warning signs for colorectal cancer include: rectal bleeding; blood in the stool; changes in the shape or consistency of stool; stomach discomfort, such as bloating, fullness, or cramping; and unexplained weight loss.

People are more likely to be diagnosed with colorectal cancer as they age. Therefore, most people should be screened for this condition beginning at age 50.

Some people should begin their colorectal screening at earlier ages. People with a personal or family history of colorectal cancer, polyps, or inflammatory bowel disease should see their health care providers to discuss their screening options. Also, people with a personal or family history of ovarian, endometrial, or breast cancer should see their health care providers to discuss their screening options.

Currently there are four ways to screen for colorectal cancer. First, a health care provider may order a fecal occult blood test (FOBT). Although this test looks for blood in the stool and is fairly simple, it is not the most reliable.

Second, a health care provider may order a double contrast barium enema. For this test, a radiologist injects liquid barium into the colon to view the large intestine. However, this test fails to screen the rectum.

Third, a health care provider may order a flexible sigmoidoscopy. During this test, the provider uses a

scope to examine the rectum and lower portion of the colon. However, this test fails to screen the right side of the colon.

Fourth, a health care provider may order a colonoscopy to view the lining of the entire colon. A colonoscopy is the best way to screen for colorectal cancer. For this procedure, a bowel prep is required. The keys to a successful bowel prep include following the instructions closely and maintaining a sense of humor.

In order to reduce your risks for colorectal cancer, you may do many things to help yourself. First, eat well. Fruits, vegetables, and a well-balanced diet are important. Second, exercise. Third, see your health care provider to discuss colon screening. Remember, early detection saves lives!

Editor's note: March is National Colorectal Cancer Awareness Month.

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